

WISCONSIN BIRTH CERTIFICATE APPLICATION
(for Mail or In-Person Requests)

TYPE or PRINT.

PENALTIES: Any person who wilfully and knowingly makes a false application for a birth certificate is guilty of a Class 1 felony [a fine of not more than \$10,000 or imprisonment of not more than 3 years and 6 months, or both, per s. 69.24(1)]. Any person who wilfully and knowingly obtains a birth certificate for fraudulent purposes is guilty of a Class 1 felony [a fine of not more than \$10,000 or imprisonment of not more than 3 years and 6 months, or both, per s. 69.24(1), Wis. Stats.].

I. APPLICANT INFORMATION	The information in Section I is about the person completing this application.					
	YOUR CURRENT NAME - First		Middle	Last	YOUR DAYTIME TELEPHONE NUMBER ()	
	YOUR STREET ADDRESS (CANNOT be a P.O. Box address)			Apt. No	MAIL TO ADDRESS (if different)	
	City, Village, or Township			State	ZIP Code	City
		State	ZIP Code			Apt. No
TYPE OF CURRENT VALID PHOTO ID (See item 4 on page 2.)		PHOTO ID NUMBER		STATE OF ISSUANCE		EXPIRATION DATE

II. APPLICANT'S RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE	According to Wisconsin Statute, a CERTIFIED copy of a birth certificate is only available to those with a "direct and tangible interest" (categories A - E below.) You may select to receive an uncertified copy if you just need a copy for informational purposes OR if you do not meet the criteria for categories A - E. In that case, you may check category F below. (See item 1 on page 2 for more details.)					
	Check one box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the birth certificate.					
	<input type="checkbox"/> A. I am the PERSON NAMED on the birth certificate. <input type="checkbox"/> B. I am a member of the immediate family of the PERSON NAMED on the birth certificate. (Only those listed below qualify as immediate family.) NOTE: Grandchildren, step-parents, step-children and step-brothers/sister-siblings may only obtain certified copies as section II, categories C - E.) CHECK ONE. <input type="checkbox"/> Parent (whose name is on the birth certificate and whose parental rights have not been terminated) <input type="checkbox"/> Current Spouse <input type="checkbox"/> Brother / Sister <input type="checkbox"/> Grandparent <input type="checkbox"/> Child <input type="checkbox"/> Current Domestic Partner (registered in the Wis. Vital Records System) <input type="checkbox"/> C. I am the legal custodian or guardian of the PERSON NAMED on the birth certificate. (Legal proof is required. See item 1 on page 2.) <input type="checkbox"/> D. I am a representative authorized, in writing, by any of the aforementioned (categories A - C). (The written and notarized authorization must accompany this application. See item 1 on page 2.) Specify whom you represent: _____ <input type="checkbox"/> E. I can demonstrate that the information from the birth certificate is necessary for the determination or protection of a personal or property right for myself/my client/my agency. (Proof is required.) Specify your interest: _____ <input type="checkbox"/> F. Uncertified copy (information purposes only; not valid for legal purposes) - Persons not in categories A - E above OR who do not need a copy for legal purposes. (See item 1 on page 2.)					
PURPOSE FOR WHICH CERTIFICATE IS REQUESTED (Specify. This information will assist us in processing your request.)						

III. FEES	FEE IS <u>NOT REFUNDABLE</u> IF NO RECORD IS FOUND. CANCELLATION REQUESTS ARE <u>NOT</u> ACCEPTED.					
	<input checked="" type="checkbox"/> Search Fee (includes one copy, if found) \$ 20.00 20.00					
	<input type="checkbox"/> Each additional copy of the same record, issued at the same time as the first copy X \$ 3.00 Number of additional copies					
Note: If you cannot provide a specific year of birth (at least within a 5-year period), additional search fees will be charged for locating the record						
TOTAL						

Make check or money order payable to:	Be sure to include (1) completed form, (2) acceptable identification, (3) any additional proof or authorization required, (4) self-addressed, stamped, business-size envelope, and (5) check or money order.
Register of Deeds	Mail your application materials and fee to: Waukesha Co. Register of Deeds 515 W. Moreland Blvd. Room 110, Waukesha, WI 53188

IV. BIRTH RECORD INFORMATION	BIRTH NAME - First		Middle	Last Name as it appears on the birth certificate	
	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE (Month / Day / Year)		PLACE OF BIRTH - County	
	Mother's First Name		Mother's Middle Name	Mother's Last Name ("Maiden Name") as it appears on the birth certificate	
	Father's First Name		Father's Middle Name	Father's Last Name as it appears on the birth certificate	

I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to copies of the requested birth certificate in accordance to the categories listed above.					
SIGNATURE - Applicant (person named in section I who is completing this application)					Date Signed (Month / Day / Year)

Important: If you do not sign and date this form above ↑, your request cannot be processed.